

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/913756

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3	1		1			
4		1		1		
5		2		1		
6		2	Cancelled			
7		2		1		
8		2	Cancelled			
9	1		1			
10	1			1		
11		1				
12		1	<del>Cancelled</del>			
13		1	<del>Cancelled</del>			
14		1	<del>Cancelled</del>			
15		①		1		
16		1	<del>Cancelled</del>			
17		1	<del>Cancelled</del>			
18		1	<del>Cancelled</del>			
19		①	<del>Cancelled</del>			
20		1	<del>Cancelled</del>			
21	1			1		
22		1	<del>Cancelled</del>			
23		1	<del>Cancelled</del>			
24		1	<del>Cancelled</del>			
25	1			1		
26		1	Cancelled			
27	1			1		
28		1	Cancelled			
29	1			1		
30		1	<del>Cancelled</del>			
31		1	<del>Cancelled</del>			
32	1		<del>Cancelled</del>			
33		1	<del>Cancelled</del>			
34		1	<del>Cancelled</del>			
35		1	<del>Cancelled</del>			
36	1		<del>Cancelled</del>			
37		1	<del>Cancelled</del>			
38		1	<del>Cancelled</del>			
39		1	<del>Cancelled</del>			
40		1	<del>Cancelled</del>			
41	1			1		
42		1	<del>Cancelled</del>			
43	1		<del>Cancelled</del>			
44		1	<del>Cancelled</del>			
45		1	<del>Cancelled</del>			
46		5		1		
47		5	<del>Cancelled</del>			
48		5	<del>Cancelled</del>			
49		5	<del>Cancelled</del>			
50	1			1		
TOTAL IND.		↓		↓		↓
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52	1			1		
53		1				
54		5		1		
55		5				
56		①		1		
57		①	<del>Cancelled</del>			
58		①	<del>Cancelled</del>			
59		1	<del>Cancelled</del>			
60		1	<del>Cancelled</del>			
61		1	<del>Cancelled</del>			
62	1			1		
63		1				
64		1				
65						
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97						
98						
99						
100						
TOTAL IND.		↓	4	↓		↓
TOTAL DEP.			16			
TOTAL CLAIMS			20			

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

Best Available Copy